

If you have Louisiana Medicaid, tell us where you are after Hurricane Katrina.

1. Call us at **1-888-342-6207**
or
2. **Fill out this form**
 - Fold the page in half with our address on the outside
 - Tape or staple the page so it stays closed
 - Put it in the mail – no stamp neededor
3. Go to our website at
www.medicaid.dhh.louisiana.gov



Your Name _____

Date of Birth ____/____/____ SSN ____/____/____

What was your home address on **Sunday, August 28, 2005?** (the day before the hurricane)

Address _____

City _____ State _____ Zip Code _____ Parish _____

Where are you **now**?

Phone number _____ E-mail address _____

Address _____

City _____ State _____ Zip Code _____ Parish _____

Has there been any other change in your situation since August 25, 2005? ☐ Yes ☐ No

If Yes, tell us about the change _____



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UNITED STATES

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DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING
LACHIP PROCESSING OFFICE
PO BOX 91278
BATON ROUGE LA 70821-9893

